

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15942**

FILED MAY 14 1953

318PRIMARY REG. DIST. NO. **1009**Registrar's No. **4357**

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | | Registrar's No. | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) 1 wk | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2079 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital | | | | d. STREET ADDRESS (If rural, give location) 5246 Gilmore Avenue | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) | | b. (Middle) | | c. (Last) | |
| Marie | | | | Loire | | | |
| 4. DATE OF DEATH | | a. (Month) | | b. (Day) | | c. (Year) | |
| 4 - 27 - 1953 | | | | | | | |
| 5. SEX Fem | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH 12 - 8 - 1885 | |
| 9. AGE (In years last birthday) | | 10. MONTHS | | 11. DAYS | | 12. HOURS & MIN. | |
| 67 | | | | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | | | 10b. KIND OF BUSINESS OR INDUSTRY At. Home | | 11. BIRTHPLACE (City and State or Foreign Country) Birksville, Illinois | |
| | | | | | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Peter Emich | | | | 13b. MOTHER'S MAIDEN NAME Louise Kuehne | | 14. NAME OF HUSBAND OR WIFE Sylvester Loire | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Karl Emich, 5246 Gilmore Ave. | | | |
| | | | | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Intestinal obstruction cause undetermined DUE TO (b) DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Sen. Semity 2 Anemia secondary | | | | INTERVAL BETWEEN ONSET AND DEATH 3 weeks ? | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 5705 | | | |
| 22. I hereby certify that I attended the deceased from Apr. 21, 1953 , to Apr. 27, 1953 , that I last saw the deceased alive on Apr. 27, 1953 , and that death occurred at 4:45 P. m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Karl Emich | | | | 23b. ADDRESS 508 N. Grand | | 23c. DATE SIGNED Apr. 28, 53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 4/30/53 | | 24c. NAME OF CEMETERY OR CREMATORY Galvary Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | |
| DATE REC'D BY LOCAL REG. APR 28 1953 | | REGISTRAR'S SIGNATURE John Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral 1905 Union Blvd. | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Birkle Eck
508 N. Grand

1111 12:00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Warren G. Carver

Licensed Embalmer No. *3534*

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.